



COPY OF PAPERS
ORIGINALLY FILED

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Reiss et al.

Group No.: Unknown

Serial No.: 10/044,843

Examiner: Unknown

Filed: 11 January 2002

For: Devices and Methods Using an Expandable Body with Internal Restraint for Compressing Cancellous Bone

Commissioner of Patents
Washington, D.C. 20231

**STATEMENT BY ATTORNEY THAT APPLICATION FILED IN PTO IS THE
ONE INVENTOR(S) EXECUTED BY SIGNING DECLARATION**

I, Daniel D. Ryan, Registration No. 29,243, of RYAN KROMHOLZ & MANION, S.C.,
P.O. Box 26618, Milwaukee, Wisconsin 53226-0618, {(262) 783-1300} state I am an attorney for this
application and the application identified above is the application which the inventor(s) executed by
signing the declaration which is being submitted herewith.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date 10 September 2002

By Judith Dunaway

Judith Dunaway
(Typed Name of Person Signing Paper)

SEP 16 2002

COMBINED DECLARATION AND POWER OF ATTORNEY
 (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
 CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (*check one applicable item below*)

- original
- design
- supplemental

NOTE: *If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.*

- national stage of PCT

NOTE: *If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.*

- divisional
- continuation
- continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

DEVICES AND METHODS USING AN EXPANDABLE BODY WITH INTERNAL RESTRAINT FOR
COMPRESSING CANCELLOUS BONE

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a), (b) or (c)*)

- (a) is attached hereto.
- (b) was filed on 11 January 2002 as [X] Serial No. 10/044,843
 or Express Mail No., as Serial No. not yet known _____
 and was amended on _____ (if applicable).

NOTE: *Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.*

- (c) was described and claimed in PCT International Application No. _____
 filed on _____ and as amended under PCT Article 19 on _____ (if any).



ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

- [] In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) [X] no such applications have been filed.
(e) [] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN
12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS
APPLICATION AND ANY PRIORITY CLAIMS UNDER
35 U.S.C. S 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUM- BER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []



ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Daniel D. Ryan (29,243)
John M. Manion (38,957)
Daniel R. Johnson (46,204)
Laura A. Dable (46,436)

Joseph A. Kromholz (34,204)
Patricia Jones (46,318)
Arnold J. Ericson (16,879)
Patricia A. Limbach (50,295)

(check the following item, if applicable)

[] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Daniel D. Ryan
RYAN KROMHOLZ & MANION, S.C.
Post Office Box 26618
Milwaukee, Wisconsin 53226-0618

Daniel D. Ryan
PHONE CALLS
(262) 783 - 1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

OIE SC185
SEP 16 2002
NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.
SIGNATURE(S)**FAMILY & TRADEMARKS**
Full name of sole or first inventor**PAUL**

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

REISS

FAMILY (OR LAST NAME)

Inventor's signature

Date 8/30/02Country of Citizenship US

Residence (City, State/Country)

SANTA CLARA, CALIFORNIA

Post Office Address

1700 HALFORD AVENUE

SANTA CLARA, CALIFORNIA 95051

Full name of second joint inventor, if any

CESAR

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

ICO

FAMILY (OR LAST NAME)

Inventor's signature

Date 09/04/02Country of Citizenship PH

Residence (City, State/Country)

SAN FRANCISCO, CALIFORNIA

Post Office Address

440 PARIS STREET

SAN FRANCISCO, CALIFORNIA 94112

Full name of third joint inventor, if any

KAREN

(GIVEN NAME)

D

(MIDDLE INITIAL OR NAME)

TALMADGE, Ph.D.

FAMILY (OR LAST NAME)

Inventor's signature

Date 4 Sep 02Country of Citizenship US

Residence (City, State/Country)

PALO ALTO, CALIFORNIA

Post Office Address

2320 BRYANT STREET

PALO ALTO, CALIFORNIA 94301

Full name of fourth joint inventor, if any

MARK

(GIVEN NAME)

A

(MIDDLE INITIAL OR NAME)

REILEY

FAMILY (OR LAST NAME)

Inventor's signature

Date 9/5/02Country of Citizenship US

Residence (City, State/Country)

PIEDMONT, CALIFORNIA

Post Office Address

304 PALA AVENUE

PIEDMONT, CALIFORNIA 94611

Full name of fifth joint inventor, if any

ARIE

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

SCHOLTEN

FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship US

Residence (City, State/Country)

MANTECA, CALIFORNIA

Post Office Address

471 HEARTLAND DRIVE

MANTECA, CALIFORNIA 95337

SIGNATURE(S)

SEP 16 2002

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

PAUL

(GIVEN NAME)

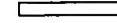
(MIDDLE INITIAL OR NAME)

REISS

FAMILY (OR LAST NAME)

Inventor's signature

Date _____ Country of Citizenship US
 Residence (City, State/Country) SANTA CLARA, CALIFORNIA
 Post Office Address 1700 HALFORD AVENUE
 SANTA CLARA, CALIFORNIA 95051



Full name of second joint inventor, if any

CESAR

(GIVEN NAME)

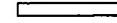
(MIDDLE INITIAL OR NAME)

ICO

FAMILY (OR LAST NAME)

Inventor's signature

Date _____ Country of Citizenship PH
 Residence (City, State/Country) SAN FRANCISCO, CALIFORNIA
 Post Office Address 440 PARIS STREET
 SAN FRANCISCO, CALIFORNIA 94112



Full name of third joint inventor, if any

KAREN

(GIVEN NAME)

D

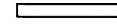
(MIDDLE INITIAL OR NAME)

TALMADGE, Ph.D.

FAMILY (OR LAST NAME)

Inventor's signature

Date _____ Country of Citizenship US
 Residence (City, State/Country) PALO ALTO, CALIFORNIA
 Post Office Address 2320 BRYANT STREET
 PALO ALTO, CALIFORNIA 94301



Full name of fourth joint inventor, if any

MARK

(GIVEN NAME)

A

(MIDDLE INITIAL OR NAME)

REILEY

FAMILY (OR LAST NAME)

Inventor's signature

Date _____ Country of Citizenship US
 Residence (City, State/Country) PIEDMONT, CALIFORNIA
 Post Office Address 304 PALA AVENUE
 PIEDMONT, CALIFORNIA 94611



Full name of fifth joint inventor, if any

ARIE

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

SCHOLTEN

FAMILY (OR LAST NAME)

Inventor's signature

Date 9/16/02 Country of Citizenship US
 Residence (City, State/Country) MANTECA, CALIFORNIA
 Post Office Address 471 HEARTLAND DRIVE
 MANTECA, CALIFORNIA 95337

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

[] Signature for sixth and subsequent joint inventors. Number of pages added _____

* * *

[] Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____

* * *

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

* * *

[X] Added pages to combined declaration and power of attorney for US Priority Claim

[X] Number of pages added 2

* * *

[] Authorization of attorney(s) to accept and follow instructions from representative

* * *

(If no further pages form a part of this declaration then end this declaration with this page and check the following item:)

[] This declaration ends with this page